

LEGAL ENTITY CONTRACT PROVIDER HWLA ENROLLMENT ATTESTATION REVIEW OF ORIGINAL CLIENT DOCUMENTATION

Check one box from each section below indicating which document the client has used to verify U.S. citizenship/legal permanent residency, county residency, and income:

Section A: U.S. Citizenship/Legal Permanent Residency for 5+ years

- ☐ U.S. Passport issued without limitation (expired ones are acceptable)
- ☐ Certificate of Naturalization (N-550 or N-570)
- ☐ Certificate of U.S. Citizenship (N-560 or N-561)
- ☐ U.S. Birth Certificate/Abstract
- ☐ Permanent Resident Card (Green Card)
- ☐ Other verification from the attached list of acceptable documents (please specify):

Section B: Los Angeles County residency

- ☐ Valid California Driver License or Identification Card
- ☐ Letter from person providing you with free housing, utilities, or food
- ☐ Utility bill, phone bill, or rent receipt (within the last 30 days)

Section C: Income

- ☐ Work paycheck stub (at least 2 recent stubs)
- ☐ Award letter/Notice of Action letter (within last 90 days)
- ☐ Most recent tax return
- ☐ Signed statement from employer
- ☐ In-kind verification
- ☐ Current business records (for self-employed person)
- ☐ Spousal proof of income (acceptable if it is the only source of income)
- ☐ Affidavit (for self-employed person)

I attest that I have seen the original documents that are indicated above. The documents submitted with this client's Healthy Way LA (HWLA) application are photocopies of the original documentation that is required for HWLA enrollment. I confirm that the client's original documentation has been returned to the client and that the only additional copies are with the client's other financial information as required by the Department of Mental Health.

<hr/> Provider #	<hr/> Provider Name	
<hr/> Staff Name (Please print)	<hr/> Client Name	<hr/> DMH ID No.
<hr/> Staff Signature	<hr/>	<hr/> Date
<p>My original documents were returned to me.</p>		
<hr/> Client signature	<hr/>	<hr/> Date